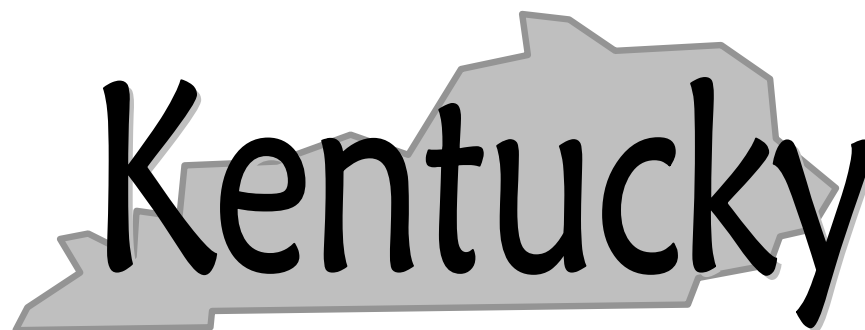


2010 ANNUAL SURVEY OF LONG TERM CARE FACILITIES



January 1, 2010 - December 31, 2010

CABINET FOR HEALTH AND FAMILY SERVICES
OFFICE OF HEALTH POLICY
275 EAST MAIN STREET 4 W-E
FRANKFORT KY 40621

Completion required by 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125

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INTRODUCTION

The Annual Long Term Care Services survey is now required to be completed and submitted via the internet. The printable version of the survey is for your convenience in completing the survey on paper before submitting the data online. The survey may be submitted on the following website: <https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2011. All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data can be reviewed on the OHP website: <http://chfs.ky.gov/ohp/>.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of the Inspector General for a licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Kris Hayslett (502) 564-9592 or email kris.hayslett@ky.gov.

REPORTING PERIOD

- Report data for the annual period, **January 1 through December 31, 2010.**

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I. RESIDENT ACTIVITY:

- Enter the total number of admissions, discharges, and deaths for the twelve month period (January 1 - December 31) for each level of care for which your facility was licensed. (New: Only the bed types your facility is licensed for will be available for you to enter data on the website.).
- Enter the Ending Census (total number of residents in your facility as of Midnight, December 31) for each level of care.
- Verify the ending census by making the following check:

$$\text{Beginning Census} + \text{Admissions} - \text{Discharges} - \text{Deaths} = \text{Ending Census.}$$

- Enter the Potential Patient Days for each level of care.
 - If your facility was open for the entire 2010 calendar year and you did not have a change in the number or type of beds:

$$\text{Potential Patient Days} = \# \text{ licensed beds} \times 365 \quad (\text{for each bed type})$$
 - If your facility was not in operation for the entire year or had a bed change during the year, calculate and enter your Potential Patient Days as the total number of days each bed type was operational. In this case please note the difference, in the comment section below.
- Enter the total patient days for each level of care. (Note: Total Patient Days should not exceed Potential Patient days.)

If your facility had a bed change or name change during this 12-month reporting period, please indicate the date and type of change. This includes any bed changes from Skilled, Intermediate Care or Nursing Home to Nursing Facility.

Level of Care	Licensed Beds	Beginning Census	Admissions	Discharges	Deaths	Ending Census	Total Patient Days	Potential Patient Days
Alzheimers								
Nursing Facility								
Intermediate Care								
ICF/MR								
Nursing Home								
Personal Care								

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II. PAYOR SOURCE:

- Please enter the number of **PATIENT DAYS** (not dollar amounts) by **Primary Payor Source** for each level of care.
- **The TOTAL PATIENT DAYS** (in the last column) **should equal TOTAL PATIENT DAYS in SECTION I (Resident Activity)**.

Level of Care	Medicare	Medicaid	SSI	Private	Other	Total Patient Days
Alzheimers						
Nursing Facility						
Intermediate Care						
ICF/MR						
Nursing Home						
Personal Care						

CLARIFICATION OF PRIMARY PAYOR SOURCE COLUMNS:

- **MEDICARE** - A federal government health insurance program (Title XVIII) designed to provide payment for medical services primarily to persons aged 65 and older.
- **MEDICAID** - A federal/state government-matching program (Title XIX) designed to provide payment for medical services to the welfare recipients.
- **SSI (SUPPLEMENTAL SECURITY INCOME)** - A federally supported cash grant program, this payor source is associated with Social Security but is not a Social Security check. If SSI is received, a Medicaid card is issued, but not a check. SSI is not a Medicaid payment.
- **PRIVATE** - Private insurance, out-of-pocket pay, Social Security checks, retirement, and/or pension plans (except veterans) and any type of HMO.
- **OTHER** - Any type of charity, veteran pension plan, PA (public assistance), and state supplemental (a cash assistance program paid by the state of Kentucky for aged, blind, or disabled individuals who have insufficient income to meet their needs).

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III. RESIDENT CENSUS BY AGE GROUP:

- Please report the number of patients who were in your facility as of midnight, December 31, 2010.
- Report only the level of care a patient is receiving at that time.
- Report age as of the last known birthday of the patient, regardless of how close a patient may be to an upcoming birthday.
 - For example, if a personal care patient is 74 on December 31, 2010 and is expected to turn 75 on January 3, 2011, report that patient in the 65 - 74 column and the personal care row.
- **The TOTAL CENSUS (in the last column) should equal the ENDING CENSUS in SECTION I (Resident Activity).**

NOTE: THE TOTAL CENSUS ON THIS PAGE SHOULD BE EQUAL TO THE ENDING CENSUS BY LEVEL OF CARE ON PAGE 1. IF THEY ARE NOT EQUAL, PLEASE FOOTNOTE AN EXPLANATION FOR THE DIFFERENCES.

Level of Care	Under 65	65 - 74	75 - 84	85 and Older	Unknown	Total Census
Alzheimers						
Nursing Facility						
Intermediate Care						
ICF/MR						
Nursing Home						
Personal Care						

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IV. DEATHS BY AGE GROUP:

- Please report the number of patients in your facility who passed away as of midnight, December 31, 2010.
- Report only the level of care a patient was receiving at that time of their passing.
- Report age as of the last known birthday of the patient, regardless of how close a patient may have been to an upcoming birthday.
 - For example, if a Nursing Facility patient was 74 at the time of their passing, but was expected to turn 75 a few days later, report that patient in the 65 - 74 column and the Nursing Facility row.
- The Total (last column) is pulled from the Deaths column in Section I and should equal the sum from all Age Groups for each bed type.
- **The TOTAL DEATHS (in the last column) should equal DEATHS in SECTION I (Resident Activity).**

Level of Care	Under 65	65 - 74	75 - 84	85 and Older	Unknown	Total Deaths
Alzheimers						
Nursing Facility						
Intermediate Care						
ICF/MR						
Nursing Home						
Personal Care						

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V. PATIENT ORIGIN DATA

- Please provide the number, county of origin (county in which the patient resided before entering your facility) and age group for all Alzheimers, Nursing Facility, Intermediate Care & Nursing Home patients in your facility as of the midnight census on December 31, 2010.
- Enter your first county, then add up the number of patients, from your ending census, who came from that county and enter the total patients for each age group. Repeat this for all other counties from which your facility's patients originated.
- **NOTE: Do Not Include ICF/MR or Personal Care patients in this section.**

County	Under 65	65 - 74	75 - 84	85 and Older	Unknown	Total

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CERTIFICATION OF DATA

On behalf of the administration of «Name of Facility», I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the activities required under 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125.

Signed _____ Date _____

Title _____

Phone _____ Email Address _____

SPECIAL NOTE: Policies regarding data submission and changes to data can be reviewed on the OHP web site: <http://chfs.ky.gov/ohp/>. By signing you are certifying this data is correct. The Long Term Care survey is required to be submitted on the following website: <https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>. Paper copies of the survey are no longer accepted as an official submission of the required data.

NOTICE: Please review the data entered on this survey. Check that all questions have been answered accurately and in full. If any part of this survey is not clear to you, please call the Office of Health Policy at (502) 564-9592 or email kris.hayslett@ky.gov before submitting data. Once data has been received, edited, and published by this office, no changes will be made to the published report.